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**SOME ACCOUNT OF THE RECENT EXPERIMENTS IN CONNECTION  
WITH THE CASE OF M. GROUX.**

[Reported to the Boston Society for Medical Improvement, and, by request, communicated for the  
Boston Medical and Surgical Journal.]

BY J. B. UPHAM, M.D., BOSTON.

With the indulgence of the Society, I propose to offer an abstract of my recent experiments made in connection with M. Groux. And I do this, not with the expectation or intention of presenting you now any absolute mathematically exact results, nor with the attempt to point out, thus prematurely, the conclusions that may follow from a knowledge of the facts already obtained. All this, I am aware, requires much mature deliberation, and a rigid comparison and weighing of all the circumstances of the case. It is my object, rather, merely to describe the nature of the experiments themselves, and the conditions under which they were made, and to put on record here, as it were, the main facts, dates and localities in reference to them and the approximate results. And it is my purpose, at a future day, to draw up fully and minutely such statements as will bear the test, I hope, of scientific analysis and investigation. To this end, instruments are being constructed with a mechanism more perfect and delicate than any I have yet been able to obtain, and which shall exhibit and record with unquestionable accuracy the minutest possible intervals of time. In the recital of the descriptions which follow, I may have to repeat some particulars which many of the gentlemen now present have already heard.

To proceed—The experiments, now under consideration, were directed primarily and mainly to the elucidation of a single point in connection with the malformation of M. Groux—which point has, however, from the first, been made an essential element in the proper understanding of his remarkable and almost unique case, and about which the most eminent authorities have widely differed. This is, I need not say, the question of the synchronism or non-synchronism of the various mo-

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tions of the heart and great vessels as displayed by M. Groux. To particularize still further, it is whether the impulse of the principal beating tumor (the main body of it) seen in the middle of the sternal fissure is, or is not, synchronous with the shock of the heart as usually felt at or about the space between the fifth and sixth ribs. In regard to this question of difference, let me quote from some of the authorities who have made particular mention on this point.

M. Bouillaud says: "The pulsations (referring to the medio-sternal tumor) are synchronous with the pulsations of the carotid artery, the subclavian, radial, and with the shock of the heart." Prof. Hamernik says the pulsating tumor is "the right auricle, and not synchronous with the heart's apex." Dr. Ernst, of Zurich, writes: "It is clear that the part of the heart seen and felt contracts when it moves downward. This motion," he continues, "is synchronous with the shock of the heart which is slightly felt between the fifth and sixth ribs." Dr. C. J. B. Williams says: "The visible pulsation in the middle third of the sternal vacuity immediately precedes the ventricular systole," &c. Dr. Gairdner, of Edinburgh, observes, that "the upper visible pulsation" (meaning that of the medio-sternal tumor) "precedes the apex beat by an interval appreciable, but not so easily appreciable." Dr. F. W. Pavy, of Guy's Hospital, says: "The tumor occupying the position of the right auricle pulsates with the contraction of the ventricle and the production of the first sound of the heart," and he concludes, for this reason, that the tumor, which he admits to be the auricle, is put in motion by the contraction of the ventricle beneath. The Committee of the New York Pathological Society, appointed to examine the case of M. Groux, say, in their recently-published Report; "The contraction of the tumor is synchronous with the impulse of the heart, at the level of the fifth rib." Again, most of those who believe these motions to be not synchronous, agree that the pulsation of the tumor in question precedes that of the others in point of time. M. Mère d'Espine, of Geneva, however, avers that "the pulsation in the middle of the sternal fissure *follows* so immediately, indeed, each systolic shock of the heart, that these two motions *seem* synchronous."

The delicate and beautiful instrument of Dr. Scott Alison, of Edinburgh, called the sphygmoscope, has added much to the facilities for determining this vexed point. But it has not settled the question, nor can it, in my opinion, be settled by this instrument alone, since it is impossible for the eye to observe with equal distinctness two points at the same time, however proximate they may be. How much is this difficulty increased when, as in the case before us, these two points are in motion—still more, since those motions are unequal. Not so when the ear is appealed to. Any one skilled in the appreciation of harmony, *knows* that he can measure and determine, not two alone, but several sounds, resolving the com-

ponent notes of a chord, struck severally at the same time, with unerring accuracy. With much greater facility can the ear—a musical ear—discriminate the minutest interval in a succession of sounds, especially if of different pitch. I might here enter into the discussion, as to how limited an interval can be appreciated between any two sounds before their impulses become blended, so as to form a continuous or musical tone. But this is unnecessary to our present purpose. If there is, to the ear, an appreciable difference in time between two sounds, caused by the motions under consideration—provided the motions themselves are conveyed in equal times—then, I submit, these motions are manifestly not synchronous.

Such train of reasoning it was, as to the greater nicety of discrimination of the ear over the eye, so to speak, that led me naturally to the consideration of these experiments. Let me say, however, that I did not arrive unaided at the present form of their demonstration. Two ways, indeed, of accomplishing these results, at once occurred to me—one, and the more simple and obvious one, in the rude manner here depicted [of which this is the original pencil diagram\*]; the other by calling in the aid of electro-magnetism. But of this latter agency I knew only of its ability to accomplish what I wished, somehow—by what precise manner of mechanism, I knew not. Fortunately, I applied to my old friend and school-mate, Mr. Farmer,† who relieved me of all difficulties on that score, by immediately suggesting the manner of accomplishing the ends desired, by means of the agency contemplated. The scientific reputation and ability of Mr. Farmer have long been recognized and acknowledged. All I can say in his praise would be wholly superfluous. I went so far with the first plan as to have a float made, with a piston attached, the object of which was to impinge directly against some light sonorous body, suspended or fastened in some way above. Such float, of delicate and ingenious construction, was devised by Mr. Joseph C. Wightman, which was admirably adapted to the purpose. Without fairly trying the first mode, however, it was determined to resort at once to the second.

But without further preliminaries, I will pass to a brief consideration of the experiments themselves. The first trial was made on Tuesday, Dec. 21st, at the rooms of Mr. Farmer, in Washington street. There were present, Mr. Farmer, and his assistant Mr. Rogers, M. Groux and myself. My original idea was to break the electro-magnetic circuit, by means of the motion, at the upper end of the delicate float, produced by the rise and fall of the fluid in the tube, as seen in the rough diagram I have before alluded

\* It should be stated that a bell-glass, with an elastic diaphragm, after the manner of Mr. Scott Alison's sphygmoscope, is employed to receive the impulses from the heart and circulatory vessels. For want of time, the diagrams which ought to have accompanied these descriptions are not given.

† Mr. Moses G. Farmer, Electrical Engineer, and co-inventor, with Dr. Wm. F. Channing, of the City Telegraphic Fire-Alarm System.

to. At the first trial, however, Mr. Farmer suggested a modification of this mode, by dispensing altogether with the float, and attaching to the upper end of the tube a bell-glass and diaphragm, of the same nature as that already employed to receive the impulse from the heart—the medium of communication being air alone. Our operations were now confined to an attempt at breaking the circuit, so as to bring out, with two successive beats, their corresponding sounds from the electro-magnetic machine—a feat which was only accomplished after a long and patient effort, since it required, on the part of M. Groux and myself, the most careful and delicate adjustment of one end of the instrument upon the heart, while the other was brought by Mr. Farmer, with the unaided hand, against the circuit breaker of the electro-magnetic machine. In this way the whole of the first session, of some two hours duration, was employed.

On the next trial, which was made in the same place a couple of days afterward, we returned essentially to the first plan for interrupting the circuit, substituting for the material float of glass a few drops of acidulated water upon the top of the contained fluid (within the glass tube), which, as it rose and fell with the heart's impulse, came in contact with the end of a conducting wire, and thus served the purpose intended. The instruments, of which we used two (and which, for the present, we may term the *sphygmophone*), then being applied, simultaneously, to the proper points, and the wires delicately held, each by an operator, we were able, by careful manipulation, to produce two or three sounds in succession from both the impulse of the medio-sternal tumor and the shock of the heart at its apex, and even now, though imperfectly, to demonstrate to the satisfaction of us all, the *non-synchronism* of these two movements. But the difficulty here, as with the sliding piston, was to follow the eccentric movements of the fluid, in the tubes, which rose and fell unequally with the slightest variation of pressure against the body. To obviate this, resort was again had to the double diaphragm, as presenting, at all times, a known point; and the distal ends of the sphygmophone, being, in this case, themselves fixed, allowed, by means of a simple and ingenious mechanism, a very accurate adjustment of the circuit-breakers. A continuous elastic tube was, also, substituted for the glass cylinders which had hitherto intervened, and water, instead of air, used for the communicating medium. By these modifications our manipulations acquired, at once, more ease and certainty, and, being found to answer well our purpose, no further time was lost in perfecting the mechanism.

At the next session, therefore, we found ourselves in condition to obtain and to note satisfactory results. And our first design being to ascertain beyond question whether the impulse of the prominent pulsating tumor, in the middle of the sternal fissure, is



or is not synchronous with that of the apex of the heart, we made use of an instrument called the "Telegraphic Repeater,"\* which is so constructed that of any two motions, that which is first, by ever so brief an interval, moves its armature and produces its sound, to the entire exclusion of the other. It mathematically follows that, if the two communicated motions are *synchronous*, neither armature will move; this, however, presupposes a high degree of perfection in the mechanism. Suffice it to say, that, with this apparatus, the instruments being applied to the medio-sternal tumor and to the apex, it was the impulse from the first which invariably set in motion the corresponding armature and gave out its sound.

In our subsequent sessions, the "Repeater" was set aside, and a "Morse's double register" used in its place. This was so adjusted as to give forth two sounds, differing in pitch, and at the same time record the motions on paper, in the same way that ordinary telegraphic communications are written. Then, by the intervention of the electric clock, which was also made to mark its seconds on paper, it was easy to measure the time of the pulse-beats themselves, as well as the interval in the pulsation of any two points in the round of the circulation.

Not to go, at this time, too minutely and tediously into description, I will here give the result by calculation of a few of these trials, including some witnessed by gentlemen present on the evening of the 5th of January inst., and afterward repeated in connection with the delicate chronographic apparatus in the Observatory at Cambridge. Before doing this, however, let me briefly allude to the Cambridge experiments, since they were in their nature, it is believed, both novel and interesting. They were done in the afternoon and evening of the 8th of January, Mr. Bond having, in the kindest manner, placed his beautiful apparatus in the Observatory at our disposal. Our forces were, on this occasion, divided—Mr. Groux, Mr. Farmer, Mr. Rogers and myself taking our position in the private apartment of the City Telegraph rooms in Court Square; and Mr. Stearns, the present able and efficient Superintendent of the Boston Fire-Alarm System, accompanied by Mr. Kennard, recently of the St. Louis Fire-Alarm Office, going over to the Observatory. The telegraph between the central office in Boston and the Observatory, let me add, was also kindly placed at our disposal—and, furthermore, I will say that the instruments used here were furnished from the City Fire-Alarm Office, and were the best of their kind.

At half past 3, P.M., a telegraphic notice from the Observatory signified that everything was in readiness there. But from the exhaustion and great nervous agitation of M. Groux, consequent upon recent illness, it was impossible to commence immediately

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\* This is an instrument used in telegraphing through messages over long lines. It is the joint invention of Mr. Farmer and the late Mr. A. F. Woodman, of Portland.

the regular series of experiments, and nearly a couple of hours were spent in preliminary trials and tests. The line being found in perfect working order, the experimental apparatus at both ends also working beautifully, and Mr. Groux being now in a condition of comparative quiet, operations were commenced in earnest at about half past 5 o'clock. Some extracts from the original records, taken down in Boston and Cambridge simultaneously, will perhaps more graphically portray the nature of our proceedings.

To begin—the beat of the pulsating tumor in the medio-sternal space was tried. We were able to get several consecutive beats, which were also duly recognized at the Observatory. Next, a series of apex-beats was obtained, and recognized at the Observatory. The Observatory clock was now put in connection, and its tickings made audible and recorded in Boston.

The experiments then proceeded, as follows:

The impulse of the medio-sternal tumor and of the pulse at the wrist were taken together, and at the same moment recorded at the Observatory. As the experiments now went on, they were interlarded with telegraphic queries and answers; and for the sake of clearness, we will prefix, when necessary, the words *Boston* and *Cambridge* to the parts of this dialogue, according as they emanated from the one place or the other.

After the experiment just alluded to, information was conveyed that it would be repeated.

*Cambridge*.—"Aye, aye."

*Boston*.—"Good signals these, save them."

*Camb*.—"Shall we put in the clock now?"

*Bost*.—"Yes. And as our next experiment, we will try the apex and wrist."

*Camb*.—"Go ahead."

*Bost*.—"Any good signals then?"

*Camb*.—"Yes, one or two."

*Bost*.—"We will try that again. Any of these good?"

*Camb*.—"Some of them very good."

*Bost*.—"About what difference in time between the beats in this experiment?"

*Camb*.—"About two tenths of a second."

*Bost*.—"In which does the difference appear greatest, this or the preceding experiment?"

*Camb*.—"Should say the former."

This question being repeated after additional trials, the reply was, "Wait till we can calculate them"; and, shortly afterward, an answer was received, "The *former*, by a minute interval."

*Bost*.—"Now we will pass to another experiment.\* Do you get a single or double stroke?"

\* The operators at the Observatory were not informed previously of the nature of this experiment. It was an attempt to record the medio-sternal and apex beats by applying the sphygmophones to these points direct—an exceedingly delicate test, tried repeatedly with success in our pri-

*Camb.*—"No good double stroke, but something that looks like it."

*Bost.*—"Try again; how is that?"

*Camb.*—"Better."

*Bost.*—"Once more; how now?"

*Camb.*—"Better still."

*Bost.*—"We will now repeat these three experiments in succession."

Toward the close of the session, the operators at the Observatory were requested to count the beats to be sent over during the space of one minute. I then applied the instrument to the radial artery at my own wrist, an assistant taking the pulse at the other wrist. It was ascertained by counting to be sixty-six in the minute. The question was now put to Cambridge, "How many?"

*Camb.*—"Sixty-six."

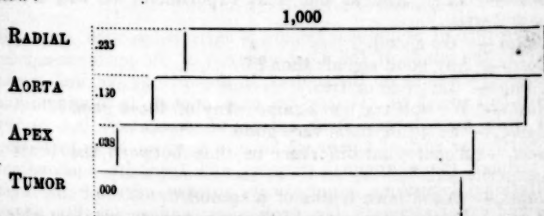
*Bost.*—"Once again."

Mr. Groux now applied the instrument to the medio-sternal tumor, for the period of a minute, and its pulsations were found to be seventy-two. The query was again put, "How many?"

*Camb.*—"Seventy-two."

But the above will suffice to show the nature of our proceedings; this session was continued without intermission for six hours.

The following are some of the important results obtained which bear upon the question at issue: the whole number of sessions thus far has been ten—the calculations (made by Mr. Farmer) are based on the average of selected examples taken from all the experiments. They are expressed, in a rude way, by the diagram below:



and may be thus stated. The whole duration of the pulse-beat is represented by 1,000. Then the commencement of the beat proceeding from the medio-sternal tumor being .000, the interval to the apex-beat was found to be .038; to that of the ascending aorta, at its junction with the arch, .160; that of the radial artery at the wrist, .235; being in thousandths of a pulse-beat.\*

sate experiments. Prior to the response from Cambridge, Mr. Farmer remarked, that with a single line of communication only, it would be impossible to note clearly so minute a double beat at the Observatory.

\* Taking the Cambridge experiments alone, and the above intervals would be expressed by the figures .181, .156 and .237 respectively.

Lastly, when at the final session (on the day preceding M. Groux's departure to Philadelphia), the ends of both the instruments were placed, as nearly as possible, over the apex of the heart, the result, both to the ear and as recorded by the chronograph, was absolutely a synchronism of sounds. Calculations were also made as to the time in which the heart's impulse is transmitted to the carotids, the temporal arteries, the abdominal aorta, and other points in the circulation, which, with other experiments, may be given at some future time.

As to any practical advantages which may be derived from a knowledge of these facts, it would, perhaps, be premature now to speak. I would venture to suggest, however, as one probable result of these and similar illustrations, some additional means to our resources for diagnosis in aneurism and other obscure diseases of the aorta and great vessels, concealed in the cavities of the thorax and abdomen. But let me say, in conclusion, as I intimated at the outset, that the results above given and the opinions offered, as well as the experiments themselves, in their present stage, are at best imperfect, and that before any ultimate scientific deductions can with safety be made, the experiments must be repeated, again and again, with the most perfect apparatus possible, and all errors and inaccuracies eliminated by a multitude of trials.

31 *Chesnut Street*,  
*Boston, Jan. 24th, 1859.*

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#### ADIPOSE TUMOR OF THE LIVER AND CÆCUM.

[Communicated for the Boston Medical and Surgical Journal.]

THE literature of abdominal tumors is surrounded with some obscurity, in the minds of the most eminent of the profession, judging from discussions on the subject, in the various surgical works we have had access to. It may be easy enough to distinguish a tumor from an enlarged liver, spleen, or mesentery, but to say what particular sort of tumor we have in a given case, by feeling of it through the abdominal parietes, and from its concomitant constitutional symptoms, is not always so easy, even for the most astute and experienced in the profession; and under the adage that "It is consoling in misfortune to find ourselves in respectable company," we do not very much underrate our acumen in diagnosis if, after discovering a tumor in the abdomen, we are puzzled to say to what genus or species it belongs.

The following is a brief history of a case illustrative. Master K., aged about 10 years, has enjoyed poor health for the last eighteen months; has been about most of the time, but looking pale and seeming dull, not participating in the games and sports of his playmates, as boys of his age and temperament might be expected to; and, in addition, has had occasional attacks of acute pain in the

bowels, located by him, at first in the region of the umbilicus, and, subsequently, in the right iliac region, for which his parents gave vermifuges, under the supposition that worms were the cause of the trouble. This course failing to relieve him, and the attacks of pain growing more frequent and severe, Dr. A. Guiwits, of Salisbury Centre (to whom I am indebted for most of these facts), was called in, and found him as before stated, complaining of pain in the right iliac region, looking paler than usual, though able to be about the house. On examining the bowels, a small tumor was discovered at the point of pain, tender on pressure, which was thought to be an accumulation of hardened feces, and a cathartic prescribed. In a few days, he was called again, and found him suffering from a severe attack of dysentery, which he passed through under appropriate treatment, and got about the house. His appetite returned, his bowels became regular, he rested well nights, and bid fair to recover, but still complained of the old pain in the right iliac region. On re-examining the bowels, the tumor was found much enlarged, irregular in shape, with tenderness increased, and continued to enlarge rapidly till, in a few days, effusion into the peritoneal cavity took place. I then called to see him with Dr. G. Our conclusion was, that the tumor was malignant in type, probably carcinomatous, and only a palliative treatment adopted. The effusion went on rapidly, until he became affected with general dropsy, and died.

Upon a *post-mortem*, we found a fatty tumor, ovoid in shape, measuring four inches in diameter, attached to the lower portion of the convex surface of the liver, about one half of which was imbedded in the substance of that gland, but readily detached with the fingers. There was also a tumor of the same nature, irregular in shape, surrounding the cæcum, and tapering off on the commencement of the ileum, which was, in its thickest part, about three inches through. On making a section of it, the cæcum and that portion of the ileum surrounded by it, seemed slightly constricted, and the muscular coats were hardened and thickened, feeling semi-cartilaginous. The right kidney, which was pressed upon by the hepatic tumor, was twice its normal size. The structure of the liver surrounding the tumor seemed healthy in appearance; so did the other abdominal organs. Chest not examined.

Authorities on the subject generally agree that the cellular and adipose tissues are the most frequent sites of this species of tumor; and Liston, in his *Elements of Surgery*, explicitly avers that "this tumor is found *only* in the cellular and adipose tissues," a remarkable error for a surgeon of his experience and reputation to fall into and propagate.

E. S. WALKER.

*Brockett's Bridge, N. Y., Jan. 17th, 1859.*

## TREATMENT OF CROUP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—You have published many articles of value on the pathology and treatment of croup, in your esteemed JOURNAL; and whatever disposition you make of *this*, will please *me*.

No practitioner of any experience can mistake the inspiration and cough significant of croup; or fail to be moved in contemplation of the consequences that may ensue, although his past success had been equal to that of Dr. Coxe. I do not pretend to have treated more than a fraction of one hundred cases of true croup in twenty-three years general practice with more than fifteen thousand patients; and yet I claim that my success has been as great, if not as heroic, as his.

My course is simply this: when called to a patient with the marked symptoms of croup, I administer at once from six to ten grains of calomel, with two grains of pulverized ipecac. I apply a large poultice over the chest up to the chin, made by mixing rye meal with boiling vinegar, besmearing the surface of the poultice with salt butter. The poultice to be applied as hot as the patient can bear, and often repeated. In fifteen or twenty minutes after giving the cathartic, I commence with a solution of the nitrate of potassa, two drachms to four ounces of pure water, a teaspoonful to be given every fifteen minutes, until the sound of approaching expectoration is heard; and if nausea is manifested, I regulate the quantity so as to avoid vomiting.

The above has been my uniform practice, and my great success induces me to offer it to the profession for *their* adoption, if its apparent merit commends it for trial.

A solution of nitrate potassa I have found very effectual in removing a hoarse and troublesome cough.

Somerville, Jan. 18, 1859.

N. J. KNIGHT, M.D.

## OPERATION FOR FEMORAL HERNIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some years since, I attended a female, forty-five years of age, with strangulated femoral hernia. The appliances usually requisite in such cases were resorted to, but without any relief. Thus, after four days of trial, the tumor remaining unreduced, stercoraceous vomiting ensued, followed by those alarming symptoms, hiccough, clammy skin, a small rapid pulse, sinking of the vital powers, &c.

An immediate operation was now deemed necessary to save the patient's life. It was performed by Dr. Walker and myself. The integument and adjacent layers were readily divided and dissected away, when we reached what was thought to be the peritoneum. In color, it was dark purple. A small incision, sufficient to allow



the introduction of a grooved needle, was made, and this layer was also divided, when it was found to be a *line and a half* in thickness. The operation was completed; the patient recovered, and is now living.

The only thing worthy of note in this case, is the congested state of the peritoneum. Those operating for the first time, and who may expect to find this membrane in its normal condition, will discover something to perplex them, unless they bear in mind that the portion of peritoneum involved with the gut, is also strangulated, hence congested and thickened. There were no adhesions between the membrane and intestine.

Salisbury Centre, N. Y.

A. GUIWITS, M.D.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 22d.—*Severe Wound of the Left Groin.* Dr. MORLAND reported the case.

Dr. M. was called, suddenly, at 10 o'clock, A.M., Nov. 4th, to see a colored boy, 19 years old, and a deaf mute; whom the messenger said had just been dreadfully cut by a "fly-wheel," which drove a circular saw in a saw-mill. Dr. M. inferred, from the hurried statement at the time, and subsequently, that the *circular saw* had been the agent which inflicted the injury. This was afterward ascertained not to be the fact.

The patient was found lying upon a bed, partially dressed; he was evidently in great pain; his hands and wrists were very cold; occasionally, he shivered; the pulse was regular, though weak. Ascertaining, immediately, that there was no bleeding of any consequence from the truly frightful wound which existed in the left groin, gin and water, in the absence of brandy, was ordered, and he soon rallied from the immediate shock of the accident. Ether was sent for, and Dr. Williams, who was fortunately near at hand, was so kind as to administer it to the patient, and to assist during the dressing of the wound.

The patient being etherized, the wound, a gash  $11\frac{1}{2}$  inches in length, was thoroughly examined, and the saw-dust and other foreign matters sponged from it. It began at the outer edge of the ilium, about an inch below its crest, and went, with a very slight curve, downward and inward, across the inguinal region, then, just beneath the root of the scrotum, and terminated in the left buttock, penetrating, there, about one half an inch. The natural looseness of the skin, in the neighborhood of the wound, allowed the latter to gape widely; and a broad denuded surface was presented, but only moderately bleeding. The fascia, however, was unharmed, and no large bloodvessel injured. Several superficial veins stood up in bold relief, and one or two branches, which were decided to belong to the internal saphenous vein, were particularly prominent. It seemed impossible that a wound, inflicted, as was then supposed, by a circular saw revolving at full speed, could have taken such a direction—and, moreover, that the implement should

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not have caused instantaneous fatal injury. Less than the eighth of an inch more, in the depth of incision, would have divided the large vessels, and nothing, under the circumstances, could have saved the patient's life.

Sixteen sutures were required, accurately to close the wound. Cold water dressing was applied, and the patient was left, still somnolent, but with a stronger and fuller pulse. The case was then referred to Dr. C. G. Page, whose patient the boy was, but who was professionally engaged, at a distance, when the accident happened. Dr. P. found him quite comfortable in the afternoon. A cradle was placed over the injured limb, to elevate the bedclothes.

Dr. Morland further stated that he visited the scene of the accident, November 5th, with Dr. Page, for the purpose of learning how it happened. They were at once informed, by the man who discovered the boy after the accident, that the injury was *not* inflicted by a saw. This resolved the mystery above alluded to, viz., how the saw could get into such a position; or, if it did, why it did not cut half, or wholly, through the thigh. It would seem, from all that could be ascertained, by careful inquiry, that the patient's trousers must have been caught by the heads of the bolts which fasten the coupling-wheel; and that he was whirled around the shaft, which made 124 revolutions in the minute, between the said wheel and a smaller "pulley-wheel," until his clothes gave way, when his body was projected from the shaft, to a distance of several feet.\* Very probably, muscular efforts on the patient's part, assisted him in escaping from the shaft. The shaft and wheels alluded to, are in the cellar or basement of the saw-mill; and, in connection with a larger wheel at the other extremity of the shaft, act upon machinery in the rooms above.

What seems to sanction this explanation, is the fact that the patient's clothing, with the exception, only, of the breast portion of his jacket, and an equal part of his shirt, was found tightly wrapped around the shaft, after he himself had escaped and been found sitting, thus stript nearly naked, and faint and bleeding, upon some steps at several yards' distance. While sitting there, he saw, and beckoned to the man who showed the locality; and by signs indicated to him that he had been whirled around the shaft. Being able to converse with him at the time of dressing the wound, and subsequently, by means of the finger-language, Dr. M. learned the same facts from him personally.

Whether the wound was caused by the head of one of the bolts above mentioned, by the edge of the wheel, or by a strong seam in the patient's clothing, is a question. Dr. M. inclined to the opinion that the bolt-head was the agent—for the cut was direct, clean, and as if made by iron. He had on very strong, thick, woolen trousers, with overalls drawn over them, and also twilled cotton drawers beneath. To this fact must be ascribed his escape from even worse injury—indeed, from division of the femoral vessels and death.

The light thrown upon the causation of the accident by a thorough examination of the premises, shows how important such an investigation always is in these cases. Without this, the accident would have been recorded as an instance of almost miraculous escape from death

\* The traces of his boots on the ground composing the cellar floor, and his own assertions, confirm this statement.

by a wound from a circular saw. The escape, at all events, is noteworthy, although the agent was different from what was at first supposed.

Dr. Page exhibited the clothing worn by the patient, and which, previous to the accident, was entirely whole. The trowsers, drawers, &c., were torn into strips.

At a subsequent meeting, Dr. Page stated that the febrile action, throughout, was very slight. The whole skin sloughed off in masses, leaving a triangular space—with a base of twelve inches, extending from near the anterior superior spinous process of the ilium, along the groin to the nates, and having its apex about the middle of the inside of the thigh—to be healed by granulation. He recovered rapidly after the sloughing ceased; the granulations were healthy, and Dr. P. ceased his attendance on Jan. 1st, leaving him nearly well.

DEC. 27th.—*Hysteria in the Male.* Dr. COALE related a case of hysteria, the subject of which was a gentleman of middle age, of strong, muscular build, of atra-bilious temperament, regular in his habits, moderate in diet, and generally enjoying very good health. For ten days before the attack, he had been much annoyed at a circumstance of no great import, but which made a stronger impression upon his nervous system, and produced more irritation, than he could account for. The day of the attack he had eaten a very slight breakfast, and not much dinner, taking this late, as was his custom. Two hours after dinner, while at cards, he drank two or three small glasses of brandy and water. Still feeling uncomfortable, he went home, and just before midnight was seized with the attack for which Dr. C. was called to him a half hour after. Dr. C. found him in bed, in violent convulsions of laughter, and at the same time shrieking out with the pain it caused. The paroxysms lasted fully three minutes, and the interval between them was from five to ten. The pulse was 70, the mind perfectly clear, and muscular movements in the intervals perfectly under control. These evidences did not permit the suspicion that undue use of stimulus had anything to do with the case. Before Dr. C.'s arrival, the stomach had been thoroughly emptied by warm water. Spiritus Mindereri was administered freely, and at short intervals, but the urgent treatment of the moment was rousing the patient, distracting his attention, occupying his thoughts by violent contradiction, and demonstrating to him his own powers of self-control if properly exerted. Getting him out of bed, when the attack came on he was not permitted to lie down; he was urged to walk around the room, and by question and proposition his mind was kept occupied. Under the influence of this treatment, the attacks became less violent and the intervals longer—though in both particulars relapse occurred if care was lessened. At the end of three quarters of an hour, the patient was fully assured he had himself perfectly under control, and Dr. C. left him. The next day the patient was perfectly well. He mentioned he had had a similar attack, ten years before, in Italy, the only difference being that then it took the form of shrieking, and there seemed to be no cause for it in any appreciable modification of the nervous system.

Dr. WILLIAMS mentioned a case recently seen by him, where hysterical symptoms were strongly marked in a young man of 25. During four years he professed to have suffered from extreme intolerance of light, and had confined himself to a dark room, appealing to the sym-

pathies of those about him for the means of subsistence. Although he declared himself keenly sensitive to the least amount of light, he bore a sudden considerable augmentation of it without flinching, when his attention was otherwise directed. His narrative of his symptoms had evidently been made up from information he had gathered from various physicians and charlatans under whose care he had been, and was composed of very incongruous details.

Dec. 27th.—*The Ductus Venosus*.—Dr. JACKSON said that in all of the modern text-books on anatomy, as far as he had consulted them, with one exception, this vessel is described as terminating in the vena cava, and in some of them it is so figured; the figures, which have the appearance of coarse diagrams, representing the opening at some distance below the opening of the vena cava into the auricle. Many years ago he had been struck with the error of this statement, as applied to his own dissections; and he had never yet seen it confirmed, although he had often examined this point. The ductus venosus terminates, so far as Dr. J. has observed, in one of the hepatic veins, near, and sometimes close to the opening of this last into the vena cava.

Mr. John Bell's work on anatomy, published in 1802, would, perhaps, hardly be considered as a modern text-book, but this is the one above referred to. He figures the ductus venosus as opening into one of the hepatic veins, and further from the vena cava than Dr. J. has found it to open. In the text, there is some looseness of description; he says that the vessel in question "joins the largest of the hepatic veins, and along with it, goes directly into the right auricle of the heart;" and on the following page, he says that the ductus venosus goes to the back part of the liver and "enters the heart." Dr. HODGES, with whom Dr. J. had had some conversation upon the subject, recently, had since then examined several authorities, and called his attention to Cazeaux's work on midwifery, in which it is stated that the ductus venosus "goes sometimes to the vena cava inferior above the diaphragm, though at others it joins one of the hepatic veins" (Philadelphia edition). Dr. H. further remarked that in the very recent and excellent work on anatomy by Mr. Gray, the ductus venosus is said to open into the vena cava.

[Since the above report to the Society, Dr. J. has had shown to him by Dr. H., a small volume by Mr. John Struthers, of Edinburgh (*Anatomical and Physiological Observations*, 1854), which had been received within a day or two from Europe, and in which it is stated that the ductus venosus "enters not the vena cava but the left hepatic vein, about a quarter of an inch before the latter ends in the vena cava." Dr. Dalton, in his work on physiology, just published, also speaks of the ductus venosus as terminating in the hepatic vein.]

It is a question of very little if any physiological importance whether the ductus venosus opens into one of the hepatic veins near to the vena cava, or directly into the vena cava itself; though the flow into the heart of the purified blood that passes through the ductus venosus might be somewhat impeded if this vessel really opened into the vena cava at some distance from the auricle, as figured in one of the most common of all text-books (*Wilson's*). Dr. J. said that he intended merely to remark upon the anatomical fact, and upon the present case as one of too many in which errors are perpetuated in the text-books of medical science. He was led at this present time to make the above remarks from having had Wilson's work shown to him by a

student, after he had been giving what he believed to be a correct description of the ductus venosus; and from finding that some of his friends, who have paid particular attention to anatomy, entertained the idea, in regard to this vessel, that is so generally taught in the text-books.

Dr. J. illustrated his remarks by an injected specimen from the Society's Cabinet, and said that four or five others, equally satisfactory, might have been shown.

Dec. 13th.—*Fibrous Tumor of the Uterus and of the broad Ligaments.*—Dr. PAGE showed the specimen.

At the next meeting Dr. JACKSON said that, on a further examination of this specimen, he found two or three of the tumors in the broad ligament; their structure being perfectly similar to that of the others. He had found them in this situation but once or twice, and was rather surprised that they were not oftener seen there, as the uterine muscular fibres from which these tumors originate, are sometimes so distinct in the broad ligament. The upper extremity of the cervix uteri was obliterated, as it so often is in old women; a fact that it may be well to bear in mind when the uterine sound is thought of.

Dec. 13th.—*Deep-seated Wen on the Neck.*—Dr. H. J. BIGELOW showed the specimen, which was the fifth case he had observed, of wen situated deep among the muscles of the lower jaw, almost in contact with the mucous membrane of the floor of the mouth. He had removed them all. The present tumor was about the size of a hen's egg, lined with perfect epithelium, which resembled in its tenuity and smoothness the skin of the scrotum.

He called attention to one or two small, shining, red patches, occupying intervals of the epithelial surface. These, under the microscope, presented a fibrous, and not epithelial, structure. Wherever he had found, in these or other common encysted tumors, the contents to prove meliceric, and not ætheromatous, sebaceous and not watery, he had uniformly observed the presence of these patches, which are doubtless concerned in the secretion of the greasy mass.

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### Bibliographical Notices.

*The Transactions of the American Medical Association.* Vol. XI. 1858.

A THOROUGH notice of this immense volume would, of course, transcend our limits—we can only refer to the main topics—and we are the more ready to present only this general notice, from the conviction that the *Transactions* will be, as they have ever been, we believe, so widely circulated, that they will soon be familiar to every member of the profession who wishes to keep himself well informed upon the history and progress of medical science in our own country.

Ten hundred and twenty-seven pages are numbered in this, the eleventh volume; and nearly all of these are taken up with scientific papers—many of which are of great value. It has been our custom, in former years, to enter, somewhat particularly, into the details and merits of certain of the disquisitions offered. To pursue this course, this year, is impossible—not only because we have not space, but because much time would be required properly to examine the various articles—and that is a task we must adapt to our leisure, which is not

extreme, at present, nor likely to be. Moreover, each year has so fully tended to impress the profession everywhere with the importance of these national medical proceedings, that the voice of the journalist is less necessary, to urge physicians and surgeons to send for copies, and to thoroughly examine them. This is now done, we think, very widely and generally, without any urging—and we are happy to chronicle the fact—it is “as it should be.”

We can barely enumerate the valuable papers which compose the volume:—First, we have—after the Record of the business transactions of the Eleventh Annual Meeting, and the Reports of the Committee of Publication, and of the Treasurer—the Address of Dr. Paul F. Eve, President of the Association—and then, in succession, the following Reports—several of which we have examined and been much interested in—but of which we cannot pretend even to offer an idea:—“On the Medical Topography and the Epidemic Diseases of Kentucky, by W. L. Sutton, M.D., Georgetown, Ky. ;” “On the Topography and Epidemic Diseases of New Jersey, and the treatment thereof, by Lyndon A. Smith, M.D. ;” (we would suggest that “thereof,” here, might equally refer to New Jersey and to the topography, as to the diseases—although the latter only, we conclude, were “treated”); “Report of the Committee on the Epidemics of Ohio, by George Mendenhall, M.D. ;” “On Medical Literature, by A. B. Palmer, M.D.”—a very carefully prepared paper: “Of the Special Committee on Medical Education, by James R. Wood, M.D.,”—one of the most important subjects that could be presented for consideration—and which, so far as we have been able to examine the Report, seems to have been well treated. Next comes the “Report on Spontaneous Umbilical Hæmorrhage of the Newly-Born, by J. Foster Jenkins, M.D., of Yonkers,” an exceedingly interesting, and highly important paper, prepared, apparently, with great care and extensive research, and well worthy of thorough examination. Fully as important is the succeeding Report, upon the “Influence of Marriages of Consanguinity upon Offspring, by S. M. Bemiss, M.D., of Louisville, Ky.” This is a subject, with the importance of which, we have been long deeply impressed, and we have seen many painful instances, which have led us to warn against the contracting of consanguine marriages.—The “Report on the Functions of the Cerebellum, by E. Andrews, M.D., of Chicago, Ill.,” follows. We have not had time to examine this paper, but have no doubt that it has been carefully prepared.—Mark Stephenson, M.D., next presents a “Report on the Treatment best adapted to each Variety of Cataract.” This paper is illustrated by colored engravings. The “Report on the Medical Jurisprudence of Insanity,”—certainly a most important subject, and one of vital interest to such large numbers of persons—is by C. B. Coventry, M.D., of Utica, N. Y. ;—Dr. Edward Jarvis, of Dorchester, Mass., has furnished the Report on the “Registration of Births, Marriages and Deaths ;” a subject which his long statistical training, and extensive research in this and similar departments, has well fitted him admirably to present.—The Report on the “Nervous System in Febrile Diseases” and the “Classification of Fevers by the Nervous System,” is by Henry Frazer Campbell, A.M., M.D., Professor of Anatomy in the Medical College of Georgia, and a gentleman already favorably known by his writings upon cognate topics. Dr. D. Meredith Reese, of New York City, has written the Report on “Moral Insanity in its Relations to Medical Jurispru-



dence;" a theme of much importance and worthy of all consideration. "Stomatitis Materna" is the subject of Dr. M. McGugin's Report, the writer being of Keokuk, Iowa. The "True Position and Value of Operative Surgery as a Therapeutic Agent, by Dr. J. B. Flint, of Louisville, Ky." "A Method for Preserving Membranous Pathological Specimens, by Dr. R. D. Arnold, of Savannah, Geo.;" and a "Letter from Dr. E. D. Fenner, of New Orleans, to Dr. Eve, the President of the Association," bring us to the two Prize Essays—one by Dr. Austin Flint, of Buffalo, N. Y., a writer and observer whose name and fame are already high in professional estimation, upon "The Clinical study of the Heart Sounds in Health and Disease"; and the other by Dr. Montrose A. Pallen, of St. Louis, Missouri, upon "Vision, and some of its Anomalies, as Revealed by the Ophthalmoscope."

The volume is terminated, as usual, by reprinting the "Plan of Organization" of the Association and its "Code of Ethics." The names of the Officers and Permanent Members follow.

We can only add that we trust the members of the profession, in all parts of the country, will continue to sustain the Association, not only by their presence at its meetings, but by their regular subscription for its valuable Proceedings, and by a strict adherence to the tenets of its admirable Code.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 3, 1859.

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### THE "COLLOQUIAL" STYLE OF CLINICAL INSTRUCTION.

On reading our caption, it may be asked—what other style than the "colloquial" can be adopted in clinical teaching? None, certainly—and we only approach the subject thus, because the *New York Medical Press* of January 22d, 1859, in reply to our remarks upon *Jocose Clinics*, in our issue of January 6th, 1859, seems, very inexplicably, to suppose that we object to the use of the colloquial style in imparting instruction to students. Now if any one will take the trouble to refer to our article, he will find that we, on the contrary, admitted even the *jocose* style to be an occasionally useful means, and also that we had, ourselves, found it advantageous. Of course, we were not stupid enough to say, or to imply, that a "colloquial" style should not be adopted in clinical teaching—such an intimation bears its absurdity upon its own face. We did say, and we repeat it, that we consider the introduction of so much, and such sort of conversation, into systematic treatises, an objectionable feature. In instancing Professor Bedford's volume, however, we expressed our high opinion of its value, as it well deserves. In regard to jokes, "laughter" and other manifestations of the sort at "cliniques," we were particular to say that, on certain occasions, and in moderation, they were admissible—at times even an adjuvant to the clinical teacher. Our main objection—and it still holds, nor has it been met, in our opinion—was, and is, to the *printing* of all these interlude expressions. Why is not every advantage which it is possible to derive from their use, fully gained on the spot; and what good end does their publication serve? We

have not taken the pains, as our cotemporary has, to hunt over the journals, foreign or native, to bolster up our opinion. We trust the latter is, and ever will be, an independent one; nor, although the editors of the *Medical Press* impute to us a truckling to the "*foreign comme il faut*," do we feel that we merit the charge. If foreign journals and foreign books show, in the main, the best taste, then we shall fearlessly say so, despite any home *press-ure*. We have an impression, notwithstanding that we are too lazy, just now, to verify it by a search, that there are counter-opinions which may be set against those cited by the New York journal in favor (or in semi-favor, rather) of the colloquio-jocose style of *published* clinical teachings. We never objected to a cheerful, nor even to a playful bearing, at times, during clinical lessons—but only to its being chronicled in all its *minutiae*, which, besides having lost their pith and point, by the time they get into type, are, in that dress, out of place and not in taste. They are tedious, and clog the reader of a volume or of a journal, as barnacles do the speed of a ship. So we say, in conclusion, to our friends of the *Press*—we never said, wrote, or thought that "*Pill Garlic*" might not "sometimes smile, without compromising his professional dignity, or preventing his acquisition of medical knowledge." If our first article on this subject be fairly read, our position will be at once evident—we only objected, and we do still object to the *publication* of such a mass of interjectional composition—ejaculatory phrases, and speeches of patients, of no sort of value to the reader, but rather constituting an incumbrance. Wit and jokes, and pleasant repartee—when not carried too far, *as they are apt to be*—are well enough in the clinical ward or dispensing-room, *when the cases admit of them*.

We may mention, *en passant*, that the element of *jocosity* has mysteriously disappeared from the clinical reports given in the number of the *Medical Press* which contains the editorial reply to our remarks; and although there may have been "*laughter*" at some of the good jokes exploded under diseased conditions, yet the fact is not paraded sundry and manifold times in our cotemporary's pages. We, of course, assume this as a compliment to ourselves, and are duly grateful! The number of the New York journal, in question, is, on the whole, very creditable, in manner and matter—if we except a few instances of conglomeration of Latin and English in the *formulae* used, and a somewhat undue docking of the dead language. The proof-reading, also, was rather hastily done, we think.

It may be edifying to present, again, the opinion of the *Medical Press* upon itself:—"We regard ourselves as the type of our country, young, vigorous, and confident in our own resources." We cordially wish our *confrères* true success.

#### PALMER'S ARTIFICIAL LEG.

We have received the following communication, which we are induced to print on account of the deservedly high reputation which Messrs. Palmer & Co. have attained in the manufacture of artificial limbs. We cannot vouch for the facts, although we presume them to be correct.—Eds.

"MESSRS. EDITORS.—An article recently appeared in the *College Journal of Medical Science*, referring to a pretended invention of a Mr. Douglass, in which the writer takes occasion to laud the merits of the Douglass leg by an unjust comparison with the celebrated Palmer

leg. The article first states that Douglass was for 'several years the best workman of Palmer & Co.' So far from truth is this statement, that Palmer & Co. have had for several years some six or eight workmen in their employ, all of whom are equal, and a number of them *far superior*, both in ability and judgment, to this self-styled 'superior' workman. The next statement is equally untrue. The outward appearance of the Douglass leg is almost an *exact copy* of the Palmer leg; and we are credibly informed that the only merit of the leg in question, is taken from the invention of Dr. Palmer. In many other particulars it is but a modified form of artificial legs long since abandoned. The writer states, in the article to which we refer, that the 'Palmer leg' is constantly 'needing repairs.' Here is another wholesale statement, with no foundation in truth. So far from being the case, the invention of Dr. Palmer has attained its present unparalleled celebrity in both hemispheres, from its *great durability*, and from the fact that it requires so little attention by way of repairs. Instances, almost numberless, can be cited, where the Palmer leg has been in almost constant wear for periods, varying from three to six years, and not a dollar was required to keep it in perfect repair. Much depends upon the occupation of the wearer, as must necessarily be the case in mechanism subject to more or less active use. The other statements in the Journal are equally wholesale and wide of the truth. The writer is evidently inditing a 'puff'—but in so doing he should post himself more fully concerning the merits and real value of an invention which justly takes the highest rank. The Douglass leg really possesses neither originality or merit, except so far as it imitates the Palmer leg. No patent has ever been obtained for it, and probably never will be. At the recent State Fair at Connecticut, both limbs were on exhibition side by side. The Palmer leg received the award of a medal, while the judges did not even *notice* the Douglass leg;—this fact alone is a full commentary upon its value. Mr. Douglass, we are informed, is attempting to build himself up, on his Palmer reputation. If his so-called invention possesses any value whatever, why does he continually quote Palmer & Co.? Instead of adopting the usual course followed by straight-forward business men, he has been in the habit, while in the employ of Palmer & Co., of taking the names of their patients, and is now importuning them, by circulars and personal solicitations, to transfer their patronage to him. Is it honorable thus to endeavor to appropriate the results of the exertions of long years of expense and intelligent enterprise, to his use?

"We thus notice the article in question, as an act of justice to Palmer & Co., who need no aid at our hands, and in order that the public may not be deceived by charlatans and pretenders, who are ever on the alert to snatch the laurels from the brow of real merit, and then shine in 'borrowed plumes.' There are other facts connected with this matter, which we may allude to at an early day. Palmer & Co.'s artificial legs have obtained, by common consent and the approval of the most distinguished authorities, surgical and medical, both in America and Europe, a position as honorable as it is meritorious, and their invention will continue to be sustained, as it is the only really successful substitute ever invented."

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There are in attendance on the lectures in the St. Louis Medical College, during the present session, 135 students.

## WOUND OF THE LEFT NYMPHA.

MESSRS. EDITORS,—In reading the "Extracts from the Records of the Boston Society for Medical Improvement," in your last JOURNAL, my attention was drawn to a very interesting and instructive case reported by Dr. Morland, of "Wound of the Left Nympha, in a Pregnant Woman; Profuse Hæmorrhage." There is a mistake in the account of a similar case which occurred under my observation, that I wish to have corrected. On reference to the published Records of the Society for Medical Improvement, June 22d, 1857, I find the case thus reported: "Dr. Z. B. Adams was at once called. He found her bleeding profusely from the vagina, and in a state of collapse. The efforts made to arrest the hæmorrhage were of no avail, and she died in about three quarters of an hour after the accident."

I did not see the woman until half an hour after the accident. She was then in a state of collapse. The hæmorrhage had ceased. She died in a very few moments, before some brandy, which was sent for, could be obtained and given her. The source of the hæmorrhage was only ascertained at the *post mortem*. The case proves the abundance, but not the uncontrollable nature, of the hæmorrhage in these accidents.

Very truly yours,

Z. B. ADAMS.

No. 1 Fayette Street, January 28th, 1859.

## IMPUDENT FRAUD.

OUR attention has been called to the following advertisement, which has been printed in the *Traveller* for several weeks past:

"DR. MATTISON'S REMEDIAL INSTITUTE, for the treatment of Chronic Diseases generally; also, Private Diseases and Diseases of Women, No. 23 Union St., Providence, R. I., and No. 12 Suffolk Place, Boston. Sanctioned by the Boston Medical and Surgical Journal, and the only place in New England where the above diseases are treated exclusively, by a regularly educated physician. Circulars giving full information sent by mail. Also, a pamphlet on Diseases of Women, with observations on Private and Chronic Maladies generally; sent free, by enclosing a stamp to Dr. H. N. Mattison, Boston."

"We, the undersigned, being personally acquainted with Dr. H. N. MATTISON, believe him to be a temperate man in the most appropriate sense, and that his moral character and professional skill are undoubted."

[To this certificate are appended the names of eleven physicians and the same number of clergymen. Among the former are those of Drs. Miller and U. Parsons, of Providence, and Dr. Eldridge, of East Greenwich.]

We need scarcely inform our readers that the above statement in respect to this JOURNAL is a barefaced imposition. We never saw or heard of Dr. Mattison, or his "Institute," before we read the advertisement. We can hardly believe it possible that Drs. Miller, Parsons and Eldridge could have signed the above certificate, and we hope to hear from them a denial of having done so.

*Transactions of the American Medical Association.*—The Transactions of the American Medical Association, Vol. XI., are published and now ready for delivery. The volume is one of the most interesting of the series. Gentlemen residing in Boston or its vicinity, are requested to send their names, and the number of volumes they desire, to Dr. Borland, No. 16 Winter St., before the first of March, who will procure the volumes, deliverable in this city, at the following prices:—Volume I. at \$2; (Vols. II., III. and IV. are out of print;) Vols. V., VII., VIII. and IX., if taken collectively, \$5 for the set; if singly, \$2 apiece; Vol. VI. at \$2; Vol. X. at \$3; Vol. XI. at \$3.

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DIED,—In Brooklyn, N. Y., Jan. 20th, John Hart, M.D., of Oswego, N. Y.

*Deaths in Boston* for the week ending Saturday noon, January 29th, 62. Males, 35—Females, 27.—Accident, 2—apoplexy, 5—inflammation of the bowels, 1—Inflammation of the brain, 2—consumption, 16—croup, 2—droupy, 2—droupy in the head, 4—puerperal disease, 2—exposure, 1—epilepsy, 1—erysipelas, 1—typhoid fever, 1—disease of the heart, 1—hæmorrhage of the lungs, 1—insanity, 1—Inflammation of the lungs, 10—congestion of the lungs, 1—marasmus, 2—old age, 1—palsy, 3—premature birth, 1—disease of the spine, 1—teething, 2.

Under 5 years, 20—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 41—Ireland, 17—other places, 4.